



PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200

Complete if Known

Application Number	09/928,522
Filing Date	August 13, 2001
First Named Inventor	Michael E. Spurlock
Examiner Name	1647
Art Unit	C. J. Saoud
Attorney Docket No.	LL31.12-0015

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 503549 Deposit Account Name: Law Office of Philip F. Fox
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**35 - 20 or HP = 4 x 50 = 200

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**5 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 =	<u> </u> / 50 =	<u> </u> (round up to a whole number) x	<u> </u>	<u> </u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Philip F. Fox</u>	Registration No. (Attorney/Agent)	38142	Telephone	763-232-2536
Name (Print/Type)	Philip F. Fox			Date	October 6, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor : Michael E. Spurlock

Appln. No. : 09/928,522

Filed : August 13, 2001

Title : Bovine Leptin Protein, Antisense and Antibody

Docket No. : LL31.12-0015

Group Art Unit: 1647

Examiner: C. J. Saoud

EXPRESS MAIL COVER SHEET

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SENT VIA EXPRESS MAIL

Express Mail No.: ED 784904673 US

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

1. Request For Continued Examination RCE (1 page)
2. Amendment After Final (33 pages)
3. Exhibit A of Amendment After Final (9 pages)
4. Petition for Three Month Extension of Time (1 page)
5. Check for \$1940.00 (RCE & 3 Mo. Extension Fee)
6. Fee Transmittal Form PTO/SB/17 (1 page)
7. Check for \$200 (Extra Claims Fee)
8. Itemized Return Receipt Post Card

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: October 6, 2006

By

Philip F. Fox

Philip F. Fox, Reg. No. 38,142
10985 40th Place North
Plymouth, MN 55441
Telephone: (763) 232-2536
Fax: (763) 557-6367

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